



**Dear SOARR Applicant,**

Thank you for your interest in the Society of Addiction Recovery Residences (SOARR). We endorse the concept of sober living and the establishment of Recovery Residences along with CCAPP (California Consortium of Addiction Programs and Professionals) and NARR (National Association for Recovery Residences). It has been our collective experience that a majority of the persons leaving Recovery Programs (treatment) do not have access to affordable sober living accommodations. We have also learned through our experiences that the longer a person is exposed to and part of a sober community; the better his or her chances are for long time recovery.

Unfortunately, not all facilities holding themselves out to be Sober Living Homes consider the comfort and welfare of the Resident as the most important ingredient. CCAPP and NARR have developed minimum standards for Recovery Residences. Standards that SOARR embraces are the first step in asking the industry to regulate itself. The second step is to establish a process whereby homes can be recognized by their peers for meeting the minimum standards.

CCAPP has established a registration process, a bonus for SOARR Members, for homes meeting the Sober Living Standards. It is not a certification or accreditation, but rather an acknowledgement that a facility states that it meets the SLE Standards, declares that it will continue to abide by the Standards, and is visited on an annual basis by peers who witness the environment and recognize that the program meets the minimum Standards. The name of the program is then placed on the SOARR website and the CCAPP official Registry, and the program receives a certificate(s).

Please complete and submit the attached application. You will be notified of your review date directly from CCAPP.

**Welcome to the Society of Addiction Recovery Residences!! We'll SOARR...**

## SOARR MEMBERSHIP PACKAGE CHECKLIST

Send all documents to [info@soarr.org](mailto:info@soarr.org) or fax to 619-342-9779  
or mail to 3317 Hancock Street #B, San Diego, CA 92110

House Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Name

Number

- APPLICANT'S STATEMENT
- RECOVERY RESIDENCE APPLICATION
- CODE OF ETHICS (OWNER/OPERATOR, MANAGERS)
- SOARR WEBSITE DATABASE FIELDS SPREADSHEET
- LOGO FOR SOARR WEBSITE? (EMAIL TO KMHAYES@SOARR.ORG)
- DECLARATION PAGE OF CURRENT INSURANCE COVERAGE (IN FORCE)  
REFLECTING NO LESS THAN \$500,000 LIABILITY COVERAGE AND RESIDENCE  
ADDRESS(ES)
- COPIES OF **ALL** FORMS USED FOR RESIDENTS TO INCLUDE, BUT BE NOT BE  
LIMITED TO, HOUSE APPLICATION, RESIDENT RULES, RESIDENT AGREEMENTS,  
MANAGER(S) AGREEMENT
- MARKETING MATERIALS (BROCHURES, FLYERS)
- CREDIT CARD AUTHORIZATION OR CHECK FOR SOARR MEMBERSHIP ANNUAL  
DUES (PAID: \_\_\_\_\_)  
Date
- APPLICATION PACKAGE COMPLETE AND ACCEPTED:

BY: \_\_\_\_\_

SOARR Reviewer (Name)

(Date)

### NOTES:



Legal Status: \_\_\_\_ Non-Profit Corporation \_\_\_\_ Proprietary Corporation \_\_\_\_ Partnership \_\_\_\_ Sole Owner

**Annual SOARR Membership Fees:**

*(Subject to Change w/o Notice)*

One Residence	\$475
Two Residences	\$675
Three Residences	\$875
Four Residences	\$1075
Five Residences	\$1,275
Six Residences	\$1,475**

*Fee includes Home Inspections, Operator Training by CCAPP and additional trainings and meetings by SOARR.*

**\*\*Includes Full Voting Membership in CCAPP**

Each additional Residence + \$100

## Applicant's Statement

As an applicant or authorized representatives of the applicant organization, I/we understand that we are applying for Membership in the Society of Addiction Recovery Residences (SOARR), and for inclusion in the Registry maintained by California Consortium of Addiction Programs and Professionals (CCAPP). Recovery Residences included in the Membership and included in the Registry must meet all requirements of the standard for Sober Living Environments as promulgated by **SOARR, CCAPP**, and the National Alliance for Recovery Residences (**NAAR**). Applicants agree to maintain these minimum standards in their registered program at all times and agree to notify SOARR if the standards are not maintained.

The individual(s) authorized to represent the organization:

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Printed Name Title

Authorizing Signature(s)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

(Office use only)		
Application Received (date):	Visit date set:	Visit complete:
Reviewer(s)		
Status:		
Comments:		

## Recovery Residence Application for SOARR Membership with CCAPP Registry

Name of Program or SLE	
Billing Address	Phone
City	Zip Code
Administrator or Contact Name	Email
SLE Address (if different from billing address)	Fax
City	Zip Code
Manager, Administrator, or Contact name (if different from above)	Phone
Website Address: www.	
<b>Please attach a copy of your Homeowners Liability Insurance w/Application and ALL Resident forms for your Recovery Residence(s).</b>	
Description: (Briefly describe your program, i.e. type of organization, purpose and years in business)	
Capacity	Persons Served



## Society of Addiction Recovery Residences (SOARR)

### CODE OF ETHICS

Operators and staff of residences certified as meeting **NARR**, **CCAPP** and **SOARR** standards shall value and respect each resident and put each individual's recovery strengths and needs at the forefront of all decision making.

To meet this obligation, we adhere to the following principles:

1. Assess each potential resident's strengths and needs, and determine whether the level of support available within the residence is appropriate. Provide assistance to the residents with appropriate referrals.
2. Value diversity and non-discrimination.
3. Provide a safe, homelike environment that meets NARR, CCAPP and SOARR Standards.
4. Maintain an alcohol and drug free environment.
5. Honor individuals' rights to choose their recovery paths within the parameters defined by the residence organization.
6. Protect the privacy, confidentiality and personal rights of each resident.
7. Provide consistent and uniformly applied rules.
8. Provide for the health, safety and welfare of each resident.
9. Address each resident fairly in all situations.
10. Encourage residents to sustain relationships with professionals, recovery support service providers and allies.
11. Take appropriate action to stop intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff and visitors within the residence.
12. Take appropriate action to stop retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint.
13. Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment.
14. Provide an environment in which each resident's recovery needs are the primary factors in all decision making.
15. Promote the residence with marketing or advertising that is supported by accurate, open and honest claims.
16. Decline taking a primary role in the recovery plans of relatives, close friends, and/or business acquaintances.
17. Sustain transparency in operational and financial decisions
18. Maintain clear personal and professional boundaries.

19. Operate within the residence's scope of service and within professional training and credentials.
20. Maintain an environment that promotes the peace and safety of the surrounding neighborhood and the community at large.

This Code of Ethics must be read and signed by all those associated with the operation of the recovery residence: recovery residence owners, operators, staff and volunteers.

Individuals subject to this code are obligated to report unethical practices according to the reporting rules set forth by the affiliate.

By signing below, I affirm that I have read, understand and agree to abide by this Code of Ethics.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Recovery Residence: \_\_\_\_\_

***NARR Affiliate: CCAPP***  
***CCAPP Affiliate: SOARR***





## **A NOTICE TO THE OWNER**

The following items **MUST** be completed and/or provided before the unit can PASS a CCAPP inspection:

1. General clean-up and paint.
2. Refrigerator and stove must be in unit and in proper working order.
3. All wall-to-wall carpets must be steamed cleaned.
4. All exterior doors must have a dead bolt lock
5. Smoke detector (in working order) batteries checked.
6. Unit must have adequate heating for size of unit.
7. Water must be in order to check plumbing.
8. No signs of infestation (roaches, mice or vermin).
9. A handrail is required on stairways or 4 or more risers and unprotected heights over 30 inches.
10. Safety guard rails needed at all docks and balconies.
11. No broken windows - all windows must have working locks.
12. One window screen per room- Windows to be cleaned.
13. One garbage can or adequate disposal.
14. All garbage and debris must be removed .from unit and yard maintained.
15. Two electrical outlets per room (older units - case by case basis).
16. A secure mailbox.
17. Street numbers must be present and visible from the street (numbered address).
18. Cover plates for electrical switches and outlets (no cracked outlet covers, exposed fuse box connections or wires located in unsafe places).
19. Pressure release valve must be on hot water heater.

SOARR Website Database Fields		Questions: <a href="mailto:info@soarr.org">info@soarr.org</a>
Field	Response	Notes
Name		
Short 250 character description		Use backside of sheet for extended description
Street		
City		
Zip Code		
Phone Number		
Contact Email		
Website		Must provide URLs to relevant profile
Twitter		Must provide URLs to relevant profile
Facebook		Must provide URLs to relevant profile
Instagram		Must provide URLs to relevant profile
Is this the location of SLH		Yes or No Only
Live in House Manager		Yes or No Only
Contact Person		Name, Title
Location in County		Pick: Central, East County, North County, North County Coastal, South Bay South County
Gender		Male, Women, Women with Children, Both
# of Beds		Must be a number
Home Size (sq feet)		Must be a number
Cost Per Bed		Must be one number
Private Rooms		Yes or No Only
Group Activities		Yes or No Only
Max number per room		Must be a number
Smoking Area		Yes or No Only
Parking		Yes or No Only
Payment Assistance		Yes or No Only
Minimum Stay (days)		A number
Security Dep or Admin Fee		Yes or No Only
Food Provided		Yes or No Only (should be No unless separate pay)
Services Provided		Example: Laundry, WiFi, On Site Recovery Meetings, etc

## SOARR MEMBERSHIP CREDIT CARD AUTHORIZATION FORM

Please complete this form and return with Membership Application forms. If you have any questions, please contact Ellie Favaloro at <ellie@soarr.org> or 760-415-3560.

Residence Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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### CARD INFORMATION

Type: Visa AMEX MasterCard Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By signing this form, I \_\_\_\_\_, hereby authorize the Society of Addiction Recovery Residences (SOARR) to charge the credit card identified above for Membership Fees. I certify that the information provided above is complete and accurate to the best of my knowledge. I understand that use of a credit card will add \$15 to my total Membership Fee.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_